MISSOURI MONTHLY VITAL STATISTICS

Provisional Statistics

From The

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Focus. . . Sexual Abuse and the SAFE-CARE Data

Introduction

Sexual abuse of children occurs in a variety of ways. Behaviors range from noncontact activities such as photographing nude children, to fondling, to sexual intercourse with relatives, to rape by strangers. Varying definitions of the terms abuse, child, perpetrator, exploitation, and consent have led to widely divergent rates of sexual abuse. Estimates from studies that differed in location, time period, and informant have contributed to the confusion. Rates from national studies range from 2.1/1000 population[1] to 19/1000.[2] Rosenberg et al. (1991),[3] in reviewing a number of studies, suggested that 25-40 percent of women have been exposed to some form of sexual abuse by age 16. As discussed later, though, there is little disagreement that sexual abuse can have devastating effects.

In Missouri, the Sexual Assault Forensic Examination-Child Abuse Resource and Education (SAFE-CARE) network was developed to ensure a coordinated response to children who may have been sexually abused. Formed in 1989 as a joint effort of the Department of Health and the Department of Social Services, the program was expanded in 1994 to address neglect and physical maltreatment.

Currently, about 200 volunteer physicians and nurse practitioners make up the network. They receive special training in how to examine children who are suspected of having been abused. An examination done by a local provider in, or close to, the child's community, should help the child begin to recover from what is likely to have been a traumatic experience. It also ensures that evidence of a possible crime is collected appropriately and recorded on a standard form.

Training in examination procedures, program administration and medical direction are provided by the University of Missouri, Columbia, under contract with the Department of Health and Senior Services (DHSS). Children suspected of abuse are referred to a provider, often by the Department of Social Services. Roughly 2500-2600 exams per year are now done by providers. In this article, results of exams done during 1998-1999 are described.

Despite the voluntary nature of the network, all but two counties are represented in the SAFE-CARE data. Exam rates vary from a low of 1 per 10,000 population age 1-17 in Warren County to a high of 50 per 10,000 in Randolph County, with a state rate of 17 per 10,000. Since these are examination rates, they do not necessarily correspond to the incidence of child abuse. Rather, they are heavily influenced by other factors, such as provider availability, community awareness and the willingness of individuals to report suspected abuse.

For each child examined, the provider indicates whether the medical exam, the child's behavior or the history (narration of the event) are consistent, inconsistent or equivocal with respect to the alleged abuse. Of the 5246 records received for the study period, findings for 4843 could be classified as either supporting or not supporting abuse. The remaining records were excluded because they could not be categorized (n=346) or they related only to neglect (n=57).

It should be pointed out that the provider's report is just one of the pieces of evidence considered by the Department of Social Services and that their eventual determination of whether abuse has occurred may differ from the provider's. Consistent with the provider's

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judgment, however, the terms 'abused' and 'nonabused' are used in this report.

Comparison of Abused and Nonabused Children

Forty-eight percent (n=2312) of the 4843 records were marked as consistent with either sexual or physical abuse, leaving 52 percent (n=2531) in the nonabused group. According to Chi-square tests of significance ($p<.05$), children found to be abused were different from the nonabused children on a number of variables. On average, abused children were two years older (7.9 vs. 5.8 years of age); they were more often in the 10-14 age-group (29 vs. 17 percent) and less often in the 1-4 age group (24 vs. 46 percent). Fathers and father figures were slightly more likely to live in the same household as the abused children (32 vs. 29 percent). Abused children were also more likely to be black (31 vs. 23 percent).

Nearly all of the symptoms and presenting complaints were marked more often on the records of the abused children. They indicated significantly ($p<.05$) higher rates of negative emotions such as fear (15 vs. 9 percent), depression (9 vs. 4 percent) and anger (14 vs. 10 percent). Other factors distinguished the children as well. Among the most frequent symptoms, sleep disorders (16 percent vs. 12 percent), injuries, pain or tenderness (10 percent vs. 4 percent) and vulvar discomfort (10 percent vs. 7 percent) were noted more often ($p<.05$) by the abused children.

The abused and nonabused children did not differ significantly on gender (74-75 percent female), history of abuse (19-21 percent), age of alleged perpetrator, (52-53 percent were age 15-34) or whether a mother or mother figure lived in the child's household (72-74 percent).

Sexually Abused Females

Of the 2312 records that providers had marked as consistent with abuse, physical abuse accounted for 19 percent (n=449); sexual abuse for 79 percent (n=1812); both physical and sexual abuse, 2 percent (n=40); and unidentified, less than 1 percent (n=8). Overall, sexually abused females accounted for 66 percent of the abused children. Because of their predominance, and to simplify the analysis, the remainder of this report looks at the characteristics of these 1518 females and their alleged abusers.

In cases of alleged sexual abuse, it is important to take an accurate history from the child or the child's caretaker. Sexual abuse of a child is often not detectable by a physical exam. This is because the sexual organs are composed of soft tissue that heals very quickly, often before the child sees a provider. Additionally, in an ongoing abusive relationship, the perpetrator wants to maintain the relationship as well as minimize incriminating evidence. As a result, efforts are frequently made to avoid hurting the child.[4] For the 1518 abused females, 28 percent of the records (n=418) indicated that the medical exam played a role in the provider's finding of child abuse. For the remaining 72 percent, just the history and/or the child's behavior led to a finding of sexual abuse.

Because the sexually abused females comprised the bulk of the abused children, their characteristics tend to be similar to those noted above. On average they were 8.5 years of age. The oldest was 18; the youngest was not yet one; almost one in four (23 percent) were under the age of five; only eight percent were over age 14. Twenty-three percent of the abused females were black, 72 percent were white and 5 percent were other races. Twenty percent had a history of abuse. Seventy-one percent of the households contained a mother or mother figure, but only 33 percent contained a father or father figure. Twelve percent of the records indicated that the alleged perpetrator and the child shared the same household.

Alleged Perpetrators *

A substantial number of records were missing information on the alleged perpetrator's age, sex, race and relationship to victim. Where the information was present, it indicated that the alleged perpetrators tended to be young, male, and white. The average age was 29, and ages ranged all the way from 4 to 78. Ninety-six percent of the reported perpetrators were male. Of those with known race, seventy-one percent were white and 24 percent were black.

As Figure 1 shows, the person most often cited as the perpetrator was the natural parent. Of the 191 parents with known gender, 184 were fathers, 7 were mothers. Altogether, natural parents, siblings, relatives, stepparents and adoptive or foster parents accounted for 55 percent

* More than one alleged perpetrator could be listed, but only the first-listed perpetrators are described in this report. Nineteen to 42 percent of the records were missing data on the alleged perpetrator's age, sex, race or relationship to victim.

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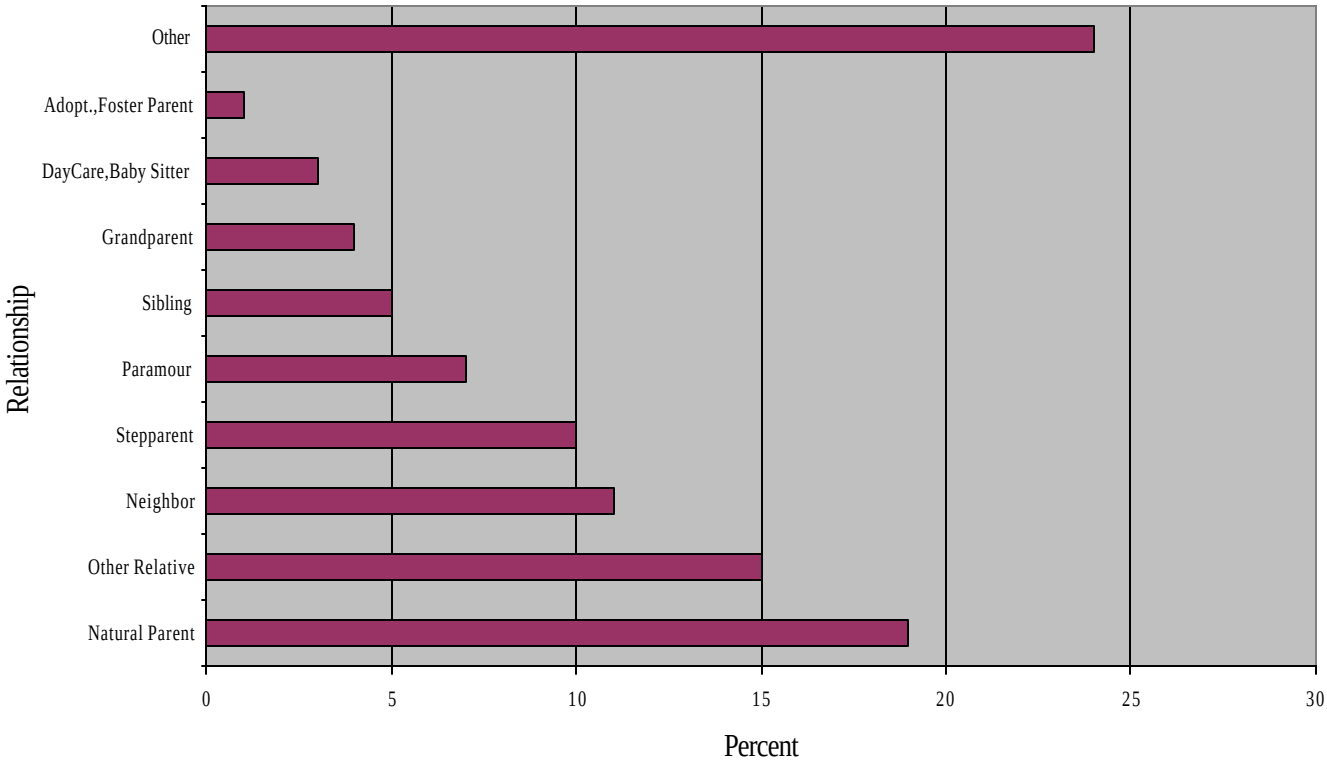
Figure 1. Relationship of Alleged Perpetrator to Child, Percent in Each Category



of the reported perpetrators. Babysitters and daycare operators, often the suspects in well-publicized cases of child abuse, made up 3 percent of the alleged perpetrators in these data.

Though the relationship of the perpetrator to the victim was frequently missing from the record (19 percent of all cases) or was marked 'Other' (24 percent of reported perpetrators), the high percent of parent involvement agrees with data from the Department of Social Services: in 1999, the natural parents were the perpetrators in 61 percent of the neglect and abuse cases.[5] On the other hand, figures reported by such agencies as these are said to over represent long-term abuse and abuse involving fathers.[6]

Consequences

Sexually abused females have a wide variety of presenting symptoms and problems. Those most prevalent in the SAFE-CARE data were sleep disorders (18 percent), fear and anger (both 16 percent), vulvar pain (15 percent), vaginal discharge or bleeding (13 percent), sexual acting out (13 percent), depression (11 percent) and enuresis (11 percent). These problems foreshadow those that appear later in life. The destruction of trust that sexual abuse causes, particularly when committed by a family member or relative, can undermine one's self esteem and sense of identity. The results are often feelings of self-hate, dependency, isolation, emptiness and depression. These negative emotions cause problems in relating to others: difficulties in making friends, marital problems, abusive parenting, and compulsive avoidance of intimacy and sex are not unusual.[7] At the extremes are drug and alcohol abuse, promiscuity, prostitution, multiple personality disorders and suicide.[8] Thus, while sexual abuse may not cause serious physical harm, it can lead to psychological problems that ultimately threaten one's existence.

Prevention

Unlike efforts to prevent physical abuse, which focus on the potential perpetrators, most programs to prevent sexual abuse are aimed at children, the potential victims. These programs usually involve explaining what abuse is, as well as encouraging children to refuse sexual invitations and report any attempted or completed abuse.[9] Evaluations of these programs have shown positive

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results, but have not shown they reduce rates of injury or abuse.[10] Substantial progress in this area may await more wide-ranging societal changes. In the view of one author, ignorance about sexuality, male attitudes about dominance, a tendency to value women for their sexual attractiveness, and society's devaluing of children all increase the risk that sexual abuse of children will remain a problem.[11]

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Provisional Vital Statistics for August 2001

Live births decreased in August as 6,210 Missourians were born compared with 7,048 one year earlier. Cumulative births for the 8- and 12- month periods ending with August also decreased. For January-August, births decreased by 2.9 percent from 52,223 to 50,715.

Deaths increased slightly in August as 4,716 Missourians died compared with 4,673 in August 2000. For January-August, there was virtually no change in deaths, while deaths decreased by 1.8 percent for the 12 months ending with August.

The **Natural increase** in August was 1,494 (6,210 births minus 4,716 deaths). The natural increase was down for all three time periods shown below.

Marriages increased in August and for the 8 months ending with August.

Dissolutions of marriage increased in August, but decreased for the 8- and 12- month periods ending with August.

Infant deaths decreased in August, but increased for the 8 months ending with August. For the 12 months ending with August, the infant death rate decreased from 7.7 to 7.6 per 1,000 live births.

PROVISIONAL VITAL STATISTICS FOR AUGUST 2001

Item	August				Jan.-Aug. cumulative				12 months ending with August				
	Number		Rate*		Number		Rate*		Number		Rate*		
	2000	2001	2000	2001	2000	2001	2000	2001	2000	2001	1999	2000	2001
Live Births	7,048	6,210	14.9	13.4	52,223	50,715	14.0	13.6	78,169	75,341	13.8	14.0	13.4
Deaths	4,673	4,716	9.9	10.2	37,393	37,334	10.0	10.0	55,086	54,115	9.9	9.9	9.6
Natural increase	2,375	1,494	5.0	3.2	14,830	13,381	4.0	3.6	23,083	21,226	3.9	4.1	3.8
Marriages	4,410	4,716	9.3	10.2	29,425	30,018	7.9	8.0	44,388	44,318	7.9	8.0	7.9
Dissolutions	1,910	2,937	4.0	6.3	17,636	17,007	4.7	4.5	25,907	25,835	4.5	4.6	4.6
Infant deaths	50	45	7.1	7.2	387	420	7.4	8.3	600	574	7.3	7.7	7.6
Population base (in thousands)	...	...	5,595	5,642	...	...	5,595	5,642	...	...	5,531	5,579	5,626

* Rates for live births, deaths, natural increase, marriages and dissolutions are computed on the number per 1000 estimated population. The infant death rate is based on the number of infant deaths per 1000 live births. Rates are adjusted to account for varying lengths of monthly reporting periods.